

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **091769,404**

APPLICANT(S)

FILING DATE

**3-23-04**

**CLAIMS**

	"AS FILED"		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
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TOTAL IND.		0		0		0
TOTAL DEP.		0		0		0
TOTAL CLAIMS	18					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		0		0		0
TOTAL DEP.		0		0		0
TOTAL CLAIMS	18					

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS